Introduction to Tickborne Diseases

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Overview of Tickborne Diseases

- Introduction
- Lyme disease
- Tickborne rickettsial diseases
- Babesiosis
- Prevention of tickborne diseases
- Case ascertainment exercise



Tickborne Diseases

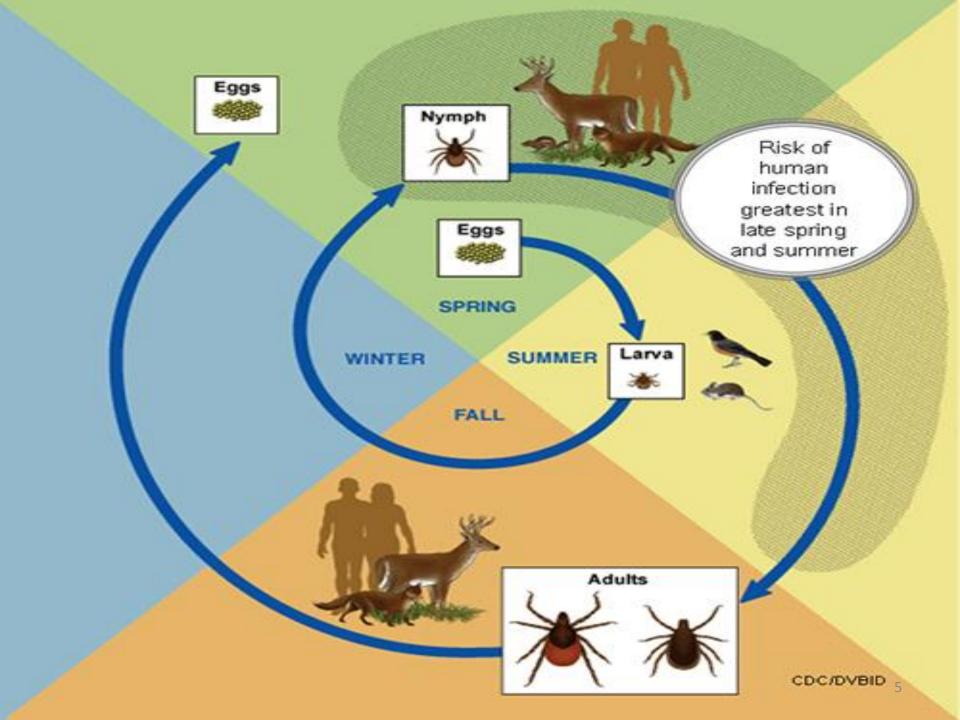
- Diseases spread by bites from infected ticks
- Can be caused by bacteria, viruses, and parasites
- Most infections occur in the spring and summer months
- Geographic distribution of tick species impacts location of human infections



Tick Life Cycle

- Hard ticks have four life stages
 - Egg
 - Six-legged larvae
 - Eight-legged nymph
 - Adult
- Most ticks prefer to feed on different hosts at each life stage
- Ticks can feed on mammals, birds, reptiles, and amphibians





Symptoms of Tickborne Diseases

- Many diseases produce similar symptoms
- Asymptomatic or mild to life-threatening illness
- Most common symptoms
 - Fever/chills
 - Aches and pains
 - Rash
 - Proportion of people with rash varies among diseases
 - Distinctive rash appearance among diseases



Treatment of Tickborne Diseases

- Supportive therapy
- Antibiotic therapy for bacterial tickborne diseases
 - Doxycycline commonly used
 - Duration of therapy varies by disease



Diagnosis of Tickborne Diseases

- Can be difficult to diagnose
- Clinical signs and symptoms
- Patient history
 - Tick bite or tick exposure
- Laboratory findings
- Diagnostic tests
 - Serology
 - Polymerase chain reaction (PCR)
 - Immunohistochemistry (IHC)
 - Culture



Tickborne Diseases in the United States

- Lyme disease
- Rocky Mountain Spotted Fever
- Other Spotted Fevers
- Ehrlichiosis
- Anaplasmosis
- Babesiosis
- STARI
- Powassan
- Tularemia
- Others

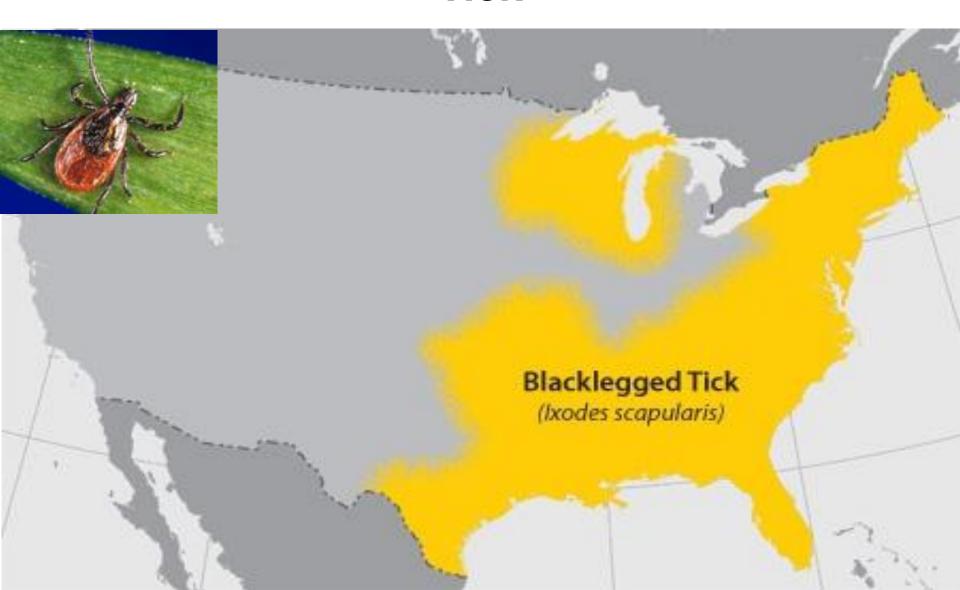


Lyme Disease

- Most common tickborne disease in US
- Bacterial disease
 - Borrelia burgdorferi
- Transmitted by blacklegged tick and western blacklegged tick



Geographic Distribution of Blacklegged Tick



Rocky Mountain Spotted Fever and Other Spotted Fevers

- Bacterial diseases
 - Rickettsia rickettsii
 - Rickettsia parkeri
 - Rickettsia phillipi (proposed)
- Transmitted by American dog tick, Rocky Mountain wood tick, brown dog tick, Pacific coast tick, and Gulf coast tick



Geographic Distribution of American Dog Tick



Geographic Distribution of Brown Dog Tick



Ehrlichiosis and Anaplasmosis

- Bacterial diseases
 - Ehrlichia chaffeensis
 - Ehrlichia ewingii
 - Anaplasma phagocytophilum
- Transmitted by blacklegged tick, lone star tick, and western blacklegged tick



Geographic Distribution of Lone Star Tick



Babesiosis

- Caused by parasites that infect red blood cells
 - Species found to infect humans include Babesia microti, B. divergens, and B. duncani
- Transmitted by blacklegged tick
- Less commonly congenital transmission and blood donor-associated cases have been identified



STARI (Southern Tick Associated Rash Illness)

- Cause is unknown
- Rash appearance similar to Lyme disease
- Has not been linked to arthritic, neurologic, or chronic symptoms
- Transmitted by lone star tick
- Most cases found in southeastern US



Powassan

- Arbovirus
- Causes encephalitis
- Most cases in northern US
- Transmitted by blacklegged tick and a related tick, Ixodes cookei



Tularemia

- Less common tickborne disease
- Bacterial disease
 - Francisella tularensis
- Transmitted by American dog tick, lone star tick, and Rocky Mountain wood tick
- Other transmission routes include deer fly bites, inhalation, ingestion, skin contact with infected animals
- Cases found in every state except Hawaii



Other Tickborne Diseases

- Tickborne relapsing fever
- Colorado tick fever
- Tickborne diseases abroad
 - Tickborne encephalitis
 - Crimean-Congo hemorrhagic fever



Summary

- Numerous tickborne diseases can infect humans and cause disease
- Several tick species transmit tickborne diseases
 - Found in various geographic regions
- Symptoms can be similar among tickborne diseases
- Diagnosis can be difficult



More Information to Come...

- Lyme disease
- Tickborne Rickettsial diseases
 - Rocky Mountain Spotted Fever
 - Ehrlichiosis
 - Anaplasmosis
- Babesiosis
- Prevention of tickborne diseases



Case Investigation Procedure

Positive lab report received at health department



Call healthcare provider



Collect clinical data, patient history, supplemental labs



Collect exposure and other relevant information from case



If needed, attempt to contact patient



Follow up if no response after 3-4 days



Attempt patient contact for 5-10 days



Enter all data into WVEDSS and send case to regional review

